



<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	09/810,949-Conf. #3378
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	March 16, 2001
		First Named Inventor	Toshihiro Shima
		Examiner Name	K. Y. Poon
TOTAL AMOUNT OF PAYMENT		Art Unit	2624
(\$)		Attorney Docket No.	04783/018001
1,240.00			

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 50-0591
Deposit Account Name: Osha • Liang LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			
_____ - 31 = _____	x _____	= _____		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
_____ - 3 = _____	x _____	= _____					
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 100 = _____	/50	_____ (round up to a whole number) x _____	= _____				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)				<b>Fees Paid (\$)</b>			
Other (e.g., late filing surcharge): 1252 Extension for response within second month				450.00			
1801 Request for continued examination (RCE) (see 37 ...)				790.00			

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	33,986
Name (Print/Type)	Jonathan P. Osha	Telephone	(713) 228-8600
		Date	March 6, 2006



Application No. (if known): 09/810,949

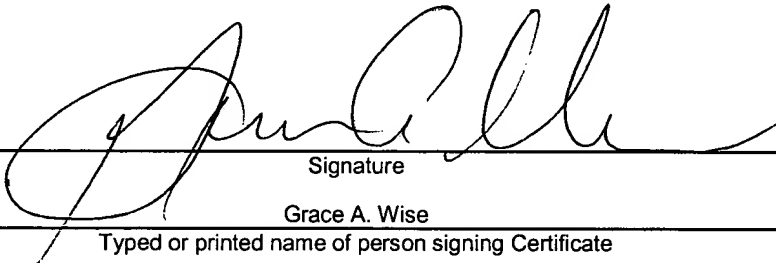
Attorney Docket No.: 04783/018001

## Certificate of Express Mailing Under 37 CFR 1.10

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on March 6, 2006  
Date

  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Grace A. Wise  
\_\_\_\_\_  
Typed or printed name of person signing Certificate

\_\_\_\_\_  
Registration Number, if applicable

\_\_\_\_\_  
(713) 228-8600  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Request for Continued Examination Transmittal (1 page)  
Submission Under 37 C.F.R. § 1.114 (14 pages)  
Petition for Extension of Time – 2 months (1 page)  
Fee Transmittal (1 page)  
Payment by credit card. Form PTO-2038 is attached (1 page)  
Charge \$1,240.00 to credit card